



NON-COMPLIANCE REPORT

THIS REPORT MUST BE ATTACHED TO REPORT OF INSPECTION

| | | | | |
|--|--|----------------------------|-------------------------|---|
| State number | Valid certificate posted <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date to be completed by | Type of inspection <input type="checkbox"/> INT <input type="checkbox"/> EXT |
| Owner's name | | User's name | | |
| Address | | Address | | |
| City | State | ZIP | City | State ZIP |
| Contact Name and Phone No. | | Contact Name and Phone No. | | |
| NB or other number | | Location in plant | | |
| Manufacturer's name | | Yr mfg | Type of Vessel | |
| Is condition of object such that permit should be suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain fully below) | | Inspector's name (print) | | |
| Non-Conforming Condition: | | | | |
| Corrective Action: | | | | |
| Comments: | | | | |
| Object may be red-tagged as "Unsafe-Do Not Use" and the required certificate will not be issued/ or will be suspended until the proper corrective action has been completed and verified by the inspector (per WAC 296-104-110). | | | | |
| INSPECTORS PHONE NUMBER: | | | | |
| Date: | Inspectors Washington Commission Number: | | Signature: | |

***On completion of requirements please notify inspector for reinspection.
(Please refer to State Number for reinspection).***